


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 26, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 524923**  
 1. Entity Name  
 PORT HOLDENS (U.S.) INC.



Principal Place of Business  
 50 CONFEDERATION PKWY  
 CONCORD, ONTARIO, CA 14-k4t8

Mailing Address  
 50 CONFEDERATION PKWY  
 CONCORD, ONTARIO, CA 14-k4t8

**DO NOT WRITE IN THIS SPACE**



05142004 No Chg-P CR2E034 (10/03)

4. FEI Number  
 58-1347728 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 BRIDGES, R A  
 334 MINORCA AVE  
 STE 200  
 CORAL GABLE, FL 33134

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MUZZO, MARCO 200 SYLVADENE PKWY WOODBIDGE, ONTARIO,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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100000168322  
 07/26/04-80009-003 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address I will call after I am empowered.

SIGNATURE: \_\_\_\_\_ Date: July 14/04 Daytime Phone #: 805-326-4000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR